

Signature Document

AREA AGENCY ON AGING _____

CLOSEOUT PERIOD _____

PSA NO: _____

DATE: _____

☐ CDA 180: Title III/VII, III E, and CBSP

☐ CDA 90: Senior Community Service Employment Program (Title V)

☐ CDA 230: Health Insurance Counseling and Advocacy Program (HICAP)

I hereby certify to the best of my knowledge and belief that the Financial Closeout Report is accurate, current, and discloses the financial results of each project or program funded by this Area Agency with Older Americans Act Title III/VII funds, Older Californian's Act CBSP funds , federal and State SCSEP funds, and HICAP funds, as applicable.

SIGNATURE OF AREA AGENCY DIRECTOR

PRINTED NAME

DATE

>

>

FOR STATE USE ONLY

AAA-BASED TEAM/FISCAL SPECIALIST

DATE

TEAM COACH

DATE

>

>

HICAP Financial Closeout Report EXPENDITURE SUMMARY

CONTRACT PERIOD:			CONTRACT NO:			DATE:	PSA #
Cost Category	(A)	(B)	(C)	(D)	(E)	(F)	(G)
	State and Federal (SHIP/MMA) Funds Only				Other Funding		Total All Funds (D,E,F)
	AAA Admin	Direct Services	Contracted Services	Total Columns (A,B,C)	Program Income	Other Funding	
AAA ADMINISTRATION							
1. Personnel							
2. Operating Expenses							
3. Indirect Administration							
4. TOTAL AAA ADMINISTRATION							
HICAP PROGRAM							
5. HICAP Reimbursement							
6. HICAP Reimbursement MMA State Funds							
7. HICAP Fund							
8. HICAP Fund MMA State Funds							
9. HICAP General SHIP							
10. HICAP MMA Supplemental SHIP Funds							
11. TOTAL HICAP PROGRAM							
12. TOTAL CLOSEOUT							

HICAP Financial Closeout Report
HICAP CONTRACTED SERVICES EXPENDITURES *

CONTRACT PERIOD:				CONTRACT NO:			DATE:		PSA #
	(A) HICAP Reimbursements	(B) HICAP Reimbursements MMA State Funds	(C) HICAP Fund	(D) HICAP Fund MMA State Funds	(E) HICAP Federal General SHIP	(F) HICAP Federal MMA Supplemental	(G) Program Income	(H) Other Funding	(I) CONTRACTED SERVICES
Contractors:									
Name:									
Address:									
Telephone:									
Contact Person:									
Name:									
Address:									
Telephone:									
Contact Person:									
Name:									
Address:									
Telephone:									
Contact Person:									
Name:									
Address:									
Telephone:									
Contact Person:									
TOTAL HICAP CONTRACTED SERVICES									

* - Include Costs from all funding sources, including MMA Supplemental funds.

HICAP Financial Closeout Report
HICAP MEDICARE MODERNIZATION ACT (MMA) EXPENDITURES*

CONTRACT PERIOD:		CONTRACT NO:			DATE:	PSA #
COST CATEGORIES	(A) Direct MMA State Costs	(B) Contracted MMA State Costs	(C) TOTAL MMA STATE COSTS	(D) Direct MMA Supplemental SHIP Costs	(E) Contracted MMA Supplemental SHIP Costs	(F) TOTAL MMA SUPPLEMENTAL SHIP COSTS
PERSONNEL						
Salaries & Wages						
Staff Benefits						
TOTAL PERSONNEL COSTS						
OPERATING EXPENSES						
Rent/Utilities						
Equipment:						
Purchases/Maintenance						
Computers (include Notebooks)						
Travel:						
Training						
Non-Training						
Other Operating Expenses						
Training:						
Registration Fees						
Materials/Printing						
Printing/Non-Training						
Utilities						
Postage						
Supplies						
General Expense/Insurance/Accounting Services						
Communications						
Advertising/Promotions						
Internet Access						
Consultants						
Volunteer Recognition						
InfoVan Operation Costs						
MIS Database & Software License Fees						
Other:						
TOTAL OPERATING EXPENSES						
INDIRECT COSTS						
TOTAL MMA COSTS						

* - Include Costs from MMA funds only. This is not a separate closeout page for MMA. Include these expenses on Pages 1 and 2, as applicable.